



EVENT PERMIT

Ordinance 17-08



Fort Myers Out of the Darkness Suicide Prevention Walk

PERMIT NUMBER: TMP2025-00320

Date(s) of Event: November 16, 2025 from 8:00am until 12:00pm

Property Owner: LEE COUNTY

Applicant: Stacy Zenitz
205-799-4345

Description: Suicide prevention awareness fundraising walk held at Wa-Ke Hatchee Park.

Location of event: 16760 BASS RD, FORT MYERS, FL 33908

Will the event be attended by 1000 or more people ? No

Will the event be held on County Owned Property ? Yes

Will there be alcohol consumed or sold at the event ? No

Will a bond be posted for this event ? No

Permit Conditions:

- * Applicant must meet all event application requirements, including requirements of the sign-off agencies.
- * The premises is to be left in the same condition as it was prior to the event.
- * The permit is to be readily available for inspection during the entire event.
- * If this approval includes the sale or consumption of alcoholic beverages, no alcoholic beverages may be consumed 1 1/2 hours prior to the conclusion of the event and vacating the facility/property.

Board of County Commissioners
Lee County, Florida


County Manager

10/27/25
Date



Lee County
Southwest Florida

Event Application

Special Event

Use of
County
Property

Alcohol
within Lee
County
Facilities

Film, Video
&
Photography

Tmp 2025-00320

Fort Myers Out of the Darkness Suicide Prevention Walk

Lee County Event Permit Application



Event Application

Check the appropriate box(es) below:

- ☒ SPECIAL EVENT PERMIT
☒ USE OF COUNTY PROPERTY PERMIT
☐ PERMIT TO SELL AND CONSUME ALCHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
☐ FILM PERMIT

Section I - GENERAL INFORMATION (All Permit Types)

Title of Event / Name of Production	Fort Myers Out of the Darkness Suicide Prevention Walk
Date(s) of Event / Production:	November 16, 2025
Location(s) of Event:	Wa-Ke Hatchee Park
Name of Applicant:	Stacy Zenitz and Lori Pond
Applicant Address:	4798 S. Florida Avenue, #226, Lakeland, FL 33813
Applicant Phone Number:	205-799-4345/352-263-1129
Contact Person: (If different from applicant)	
Contact Phone Number: (If different from applicant)	
Email Address:	holmans28@gmail.com/twist008@gmail.com
Estimated Attendance:	250
Event Description: Include each activity, when activities take place, etc.	This will be a suicide prevention awareness fundraising walk. Proceeds from this event will benefit The American Foundation for Suicide Prevention Southwest Florida chapter.
Hours of Operation:	8:00am-12:00 pm
STRAP # of Parcel:	04-46-24-00-00007.0000
Owner of Premises*:	Lee County

*Notarized statement from the property owner specifically consenting to the proposed use required.

Lee County Event Permit Application



What is the Zoning Classification of the premises? County Park

Are any temporary structures to be installed for the event? ☐ Yes ☒ No Type: _____

Do you have the appropriate permits for the temporary structures? ☐ Yes ☒ No

* For a 'Special Event' and 'Use of County Property' permit, submit a site plan with all proposed facilities and activities identified, including all parking areas.

Insurance Company Insuring the Event: Marsh and McLennan Agency LLC

Note: Certificate of Insurance must be submitted at time of application

Surety Company Bonding this Event (Name and Address): 250 Pehle Avenue, Suite 400 Saddle Brook, NJ 07663

Will Vehicles be Used as Part of This Event?

☐ Yes ☒ No

If yes, automobile coverage must be included on the certificate of insurance.

Will Food be Available at this Event?

☐ Yes ☒ No

If yes, products liability coverage must be included on the certificate of insurance.

Will Alcoholic Beverages be served/consumed at this Event?

☐ Yes ☒ No

If yes, liquor liability coverage must be included on the certificate of insurance.

Name & Address of Organization
Providing Food: _____

Type of Food being Served: _____

Section II - USE OF COUNTY PROPERTY PERMIT

Organization Sponsoring the Event: American Foundation for Suicide Prevention

Section III - SALE/CONSUMPTION OF ALCHOLIC BEVERAGES PERMIT

Is alcohol being sold/consumed on County Property?

☒ Yes ☒ No

If Yes, then a "Lee County Alcohol Permit" is required. Only non-profit organizations can sell alcohol on County Property.

Non-profit certificate/registration number: _____

(Required if alcohol is to be SOLD at the event)

Please note: A permit from the State of Florida Division of Alcoholic Beverages and Tobacco may also be required; please call (239) 344-0885 for further details

☐ TV Movie or Special ☐ TV Series / Pilot ☐ TV Commercial ☐ Still Photos
☐ Public Service Announcement ☐ Industrial / Documentary ☐ Other: _____

Street Closure	☐ Yes	☐ No
Traffic / Crowd Control	☐ Yes	☐ No
Fire or Burning	☐ Yes	☐ No
Explosives or Pyrotechnics	☐ Yes	☐ No
Animals, Large or Small	☐ Yes	☐ No
Construction of Any Kind	☐ Yes	☐ No
Large and/or Numerous Vehicles	☐ Yes	☐ No
Helicopters, Boats, etc.	☐ Yes	☐ No
Stunts	☐ Yes	☐ No
Other	☐ Yes	☐ No

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Number in Cast: _____ Number in Crew: _____ Number of locals hired: _____

Total budget: _____ Estimate amount spent in Lee County: _____

Hotel room nights: _____ Number of shooting days: _____
number of rooms x number of nights



SECTION I - SAFETY

The Applicant agrees to provide adequate traffic and crowd control, emergency medical services and any other items, at the Applicant's expense, required by Lee County to protect the health, safety and welfare of the public. Lee County shall have the power to review the proposal and require, as necessary, detailed plans, diagrams, and explanations to clearly outline to Lee County, exactly what the Applicant is proposing.

SECTION II - INSURANCE

The Applicant, at its sole expense, agrees to procure and maintain in force during the entire term of the application, liability insurance in the amounts determined by Lee County Risk Management to protect against damages or other claims arising from use of County property by the applicant or its guests. Other limits may also be established by Lee County Risk Management for events which will be serving or consuming alcoholic beverages at approved County property. The insurance policy must also include coverage for Applicant's contingent liability on damages, claims or losses. "Lee County Board of County Commissioners" must be named as "additional insured" on the Certificate of Insurance, and the Certificate must be delivered to Lee County prior to Applicant's use of the property. The Insurance may not be canceled during the term of the event, if this occurs, the County has the right to revoke approvals related to use of the County property for the event, without recourse by the applicant.

SECTION III - INDEMNIFICATION

The Applicant agrees to indemnify, release and save harmless Lee County against any and all claims, costs, demands, damages, judgments or injuries of any nature arising from the conduct or management of, or from any work or thing whatsoever done in or about said Lee County property or any building or structure appurtenant thereto or equipment thereof during the term of this Permit, or arising during such term from any act of negligence of the Applicant, Applicant's agents, contractors, or employees, or arising from any accident, injury, or damage whatsoever, however caused, to any person or persons, or to any property of any person, persons, corporation or corporations, occurring during the term of this agreement on, in, or about said Lee County property, and from and against all costs, attorney's fees, expenses and liabilities occurring in connection with any such claim or any action or proceeding brought thereon.

For film permit applicants: The permittee shall have on-site a responsible representative empowered with authority over the filming director, filming crews, participants and filming operation. Permittee shall indemnify, defend and hold harmless the county, its officers, agents and employees from and against all claims, suits, actions, damages, liabilities, expenditures or causes of action of any kind arising out of or occurring during the activities of the permittee, and resulting or occurring from any negligent act, omission or error of permittee, resulting in or relating to injuries to body, life, limb or property sustained in, about or upon the permitted premises or improvement thereto, or arising from the use of the premises.

SECTION IV - DELIVERY, ACCEPTANCE AND SURRENDER OF PREMISES

The Applicant agrees to accept the County property on possession as being in a satisfactory state of repair and in sanitary condition.

The Applicant must surrender the premises to Lee County in the same condition as when Applicant takes possession, allowing for reasonable use and wear, and damage by acts of God. Applicant agrees to remove all business signs or symbols placed on the premises by the Applicant before redelivery of the premises to Lee County, and restore the premises to the condition in which it existed before their placement. Any signs and markings created or used in connection with this event must be temporary and removable; painting roadways, trees or any other fixed object is strictly prohibited. Applicant agrees to clear the Lee County property of litter at the close of the event.

Lee County Event Permit Application



SECTION V - AGREEMENT

The Applicant agrees that Lee County can, at its sole discretion, terminate and cancel its permit to use Lee County property at any time without prejudice. Applicant further agrees to waive, release, save and hold harmless Lee County from any and all claims, demands or cause of actions based upon Lee County's cancellation or termination of said permit.

The Applicant agrees that the Lee County permit does not provide Applicant with any property rights in the County property in question or in the permit itself.

The applicant does acknowledge and hereby affirms that any and all information is accurate to the best of his/her knowledge.


Signature of Applicant

Stacy Zenitz and Lori Pond

Print Name of Applicant and Title

06/11/2025

Date



Witness

Angelic Conn

Print Name of Witness

07/30/25

Date

Lee County Event Permit Application



LEE COUNTY SHERIFF'S DEPARTMENT
14750 SIX MILE CYPRESS PARKWAY
FORT MYERS, FLORIDA 33912
(239) 477-1199

Check the appropriate box(es) below:

- ☐ SPECIAL EVENT PERMIT
☒ USE OF COUNTY PROPERTY PERMIT
☐ PERMIT TO SELL AND CONSUME ALCOHOLIC BEVERAGES WITHIN LEE COUNTY FACILITIES
☐ FILM PERMIT

AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Parking:	Parking in authorized areas only. Right of ways should not be impeded.
Deputies (How Many?):	None are required for this event.
Fee for Services:	None
Special Arrangements:	Race is to remain along the pathways and walkways within the confines of the park. Any amplified sounds must adhere the the Lee County Noise Ordinance.

Print Name: SCOTT GRIFFITH
Signature: [Signature]
Title: CAPTAIN
Date: 8/11/25

Lee County Event Permit Application



FIRE DEPARTMENT

The Fire Department serving the area where the event is to be held signs this form.

Please see User's Guide for contact information and Fire District Map.

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Fire Guards (How Many?)

NA

Fee for Services:

NA

Flammable Vegetation:

Not permitted

First Aid Equipment:

Call 911 in the event of an emergency.

Fire Extinguishing:

Call 911 in the event of a fire

Special Arrangements:

One emergency access point must be maintained at all times in the parking lots, and on the grounds for emergency vehicles to access attendees with emergencies

Print Name:

JACKIELOU MOZES

Signature:

Jmoz

Title:

FIRE MARSHAL

Date:

10/14/2025

Lee County Event Permit Application



EMERGENCY MEDICAL SERVICES / PUBLIC SAFETY

2000 Main St., Suite #100

FORT MYERS, FL 33901

(239) 533-3911

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AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Treatment Facilities:

None necessary.

Medical Personnel:

None necessary.

Medical Supplies /
Equipment:

None necessary.

Safety Requirements:

Applicants shall follow all CDC and FDOH directives, and the Florida Governor's Executive Orders concerning health and safety.

Fee for Services

Not applicable.

Special Arrangements:

Please call 911 in the event of an emergency. To arrange special event coverage, contact our office at EMSDetail@leegov.com.

Print Name: Douglas B. Higgins

Signature:

Douglas B. Higgins

Digitally signed by Douglas B. Higgins
Date: 2025.06.24 06:44:11 -04'00'

Title:

Captain, EMS Operations

Date:

June 24, 2025

Lee County Event Permit Application



DEPARTMENT OF TRANSPORTATION
1500 MONROE STREET
FORT MYERS, FL 33901
(239) 533-8580

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Parking:

No event parking is permitted in Lee County maintained road right of ways.

Ingress and Egress:

Please use all established means of ingress and egress.

Special Arrangements:

Shall use Lee County Sheriff's Office for assistance with traffic control as needed. Emergency vehicle access and public vehicular access shall be maintained on all surrounding Lee County maintained roads.

Print Name: Nathan Thoman

Signature: Nathaniel C. Thoman

Digitally signed by Nathaniel C. Thoman
Date: 2025.06.20 09:18:09 -04'00'

Title: Project Manager

Date: 06/20/2025

Lee County Event Permit Application



LEE COUNTY PARKS AND RECREATION
3410 PALM BEACH BOULEVARD
FORT MYERS, FLORIDA 33916
(239) 533-7275

Check the appropriate box(es) below:

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AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Illumination:

Facility does not have any additional lighting. Any lighting needs would be the responsibility of the event organizer.

Parking Areas:

All vehicles must use designated parking areas. Work with site supervisor for any additional parking needs.

Special Arrangements:

Work with on site supervisor and staff for setup and breakdown or any other event need. No staking of tents or inflatables. Please use buckets or sand bags.

Event organizer must clean up all debris after the event. Participants must disperse and leave the park area to seek safe shelter during lightning alerts or threatening weather.

Event organizer must comply with all terms as stated and adhere to Lee County Ordinances No. 93-15 (noise) and 18-12 (as amended).

Print Name: Trever Snearley

Signature:

Title: County Wide Services Manager

Date: 6/19/2025

WAKE HATCHEE - FT. MYERS OUT OF DARKNESS
SUICIDE PREVENTION WALK
11/16/2025

Lee County Event Permit Application



LEE COUNTY RISK MANAGEMENT
COUNTY ADMINISTRATION BUILDING - 4TH FLOOR
2115 SECOND STREET
FORT MYERS, FLORIDA 33901
(239) 533-2221

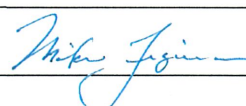
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AFTER REVIEWING THE APPLICATION, PLEASE INDICATE BELOW WHAT ARRANGEMENTS YOUR ORGANIZATION WILL REQUIRE THE APPLICANT TO COMPLY WITH FOR THEIR EVENT.

Insurance Requirements:	Commercial general liability insurance with minimum limits of One Million Dollars (\$1,000,000) per occurrence to protect against bodily injury and/or property damage relative to applicants use of aforementioned event within Lee County. Certificate Must Read As: Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees, and public officials are automatic additional insureds and includes an automatic waiver of subrogation with regard to general liability. The certificate holder is an additional insured on a primary and noncontributory basis with regards to general liability.
Special Arrangements:	A Certificate of Insurance shall be submitted as evidence of the required coverage listing Lee County, a political subdivision and Charter County of the State of Florida, P.O. Box 398, Fort Myers, FL 33902 as the certificate holder and as an additional insured as listed above. Subject to proof of insurance.

Print Name: Mike Figueroa

Signature: 

Title: Risk Program Manager

Date: June 18, 2025



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/24/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency LLC 250 Pehle Avenue, Suite 400 Saddle Brook NJ 07663	CONTACT NAME: Sheree Eames-Tucker PHONE (A/C, No, Ext): 732-941-3164 E-MAIL ADDRESS: Sheree.Tucker@MarshMMA.com FAX (A/C, No):
INSURED American Foundation for Suicide Prevention, 199 Water St., FL 11 New York NY 10038	INSURER(S) AFFORDING COVERAGE INSURER A: HDI Global Specialty SE INSURER B: Allianz Global Corporate & Specialty SE INSURER C: Hartford Insurance Company of Southeast INSURER D: Certain Underwriters at Lloyd's INSURER E: Lloyd's Syndicate 2623 INSURER F: National Union Fire Ins Co PittsburghPA
AMERIFOUND1	NAIC # 55555 55555 38261 55555 55555 19445

COVERAGES**CERTIFICATE NUMBER:** 2088530238**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☒ LOC OTHER:	Y		18LB7417	1/28/2025	1/28/2026	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$EXCLUDED PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			18LB7417	1/28/2025	1/28/2026	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☐ UMBRELLA LIAB ☐ OCCUR ☒ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$			24ABEX0308	1/28/2025	1/28/2026	EACH OCCURRENCE \$2,000,000 AGGREGATE \$2,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☐	N/A	13WBBC1THR	1/28/2025	1/28/2026	☒ PER STATUTE ☐ OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D E F	Excess Liability (Occur) Cyber Liability Blink Accident			MRHX0054 W2F0CC240401 SRG0009477455	1/28/2025 6/1/2024 1/28/2025	1/28/2026 6/1/2025 1/28/2026	\$3,000,000 \$1,000,000 \$25,000 Acc D&D \$25,000 DED \$25,000 Ac Med Exp

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

All of the above are subject to the terms, conditions and exclusions of the policy/policies.

RE: Fort Myers Out of the Darkness Walk, Wa-Ke Hatchee Park on 1116/2025.

Lee County, a political subdivision and Charter County of the State of Florida, its agents, employees, and public officials are automatic additional insureds and includes an automatic waiver of subrogation with regard to general liability.

The certificate holder is an additional insured on a primary and noncontributory basis with regards to general liability.

CERTIFICATE HOLDER

OK 06.18.2025

Lee County Board of County Commissioners.
PO Box 398
Fort Myers FL 33902

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD 25 (2016/03)

The ACORD name and logo are registered marks of ACORD

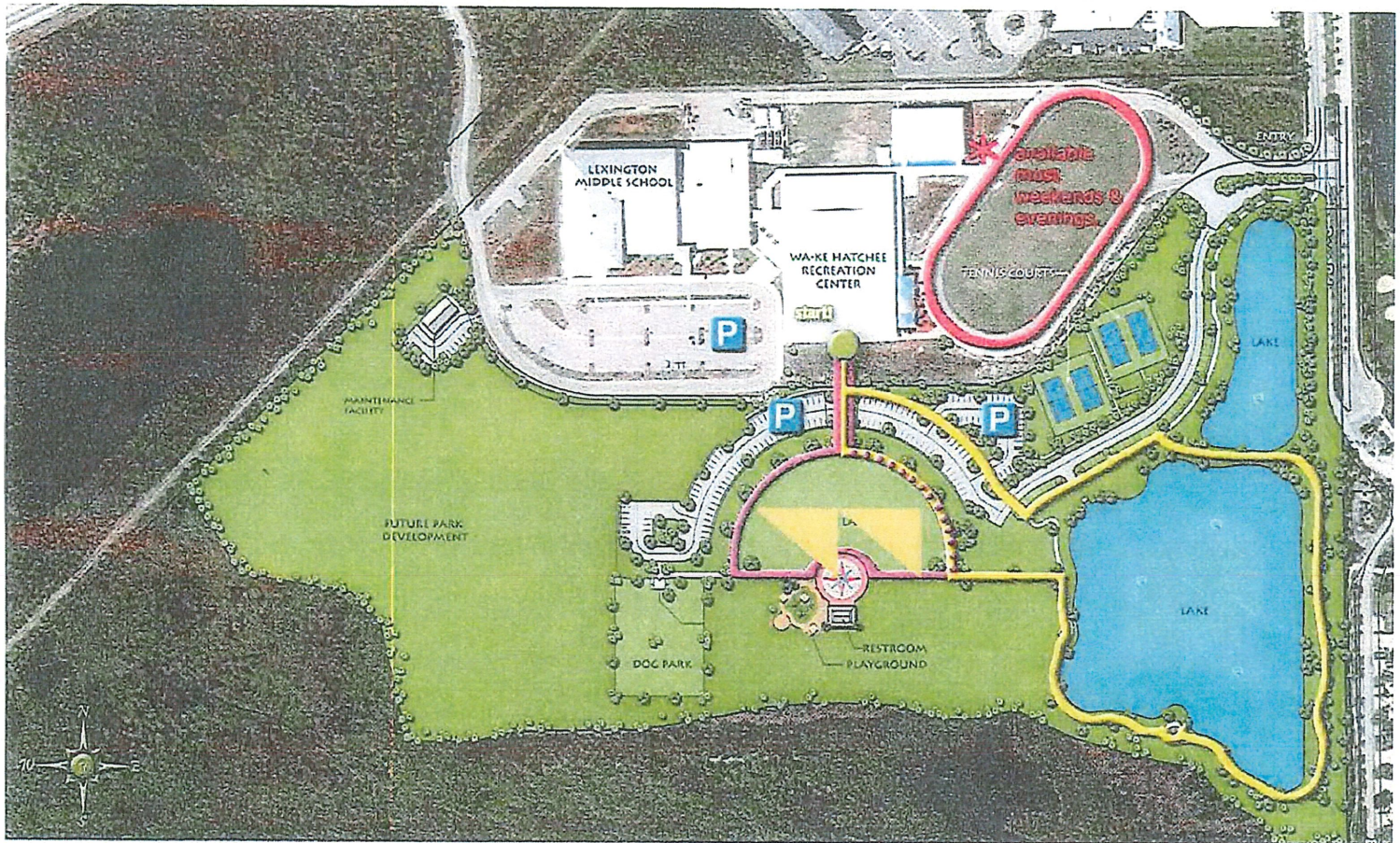
THIS CERTIFICATE SUPERSEDES PREVIOUSLY ISSUED CERTIFICATE

start!

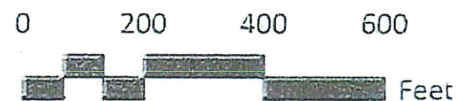
Start! Walking Path

Wa-Ke Hatchee Community Park

Phone: 239.432.2154
16760 Bass Road
Fort Myers FL 33908



- * Red Trail/Track is available most weekends and evenings.
- Red Trail = Track Loop 1/4 mile
- Purple Trail = Loop 1/4 mile
- Yellow Trail = Loop 1/2 mile



We plan to use the yellow trail for our walking path.

where the tents will be set up.